



COMDTINST 1900.9

23 AUG 1991

COMMANDANT INSTRUCTION 1900.9

Subj: Pregnancy in the Coast Guard

Ref: (a) Personnel Manual, COMDTINST M1000.6 (series)
(b) Medical Manual, COMDTINST M6000.1 (series)
(c) Safety and Environmental Health Manual,
COMDTINST M5100.47 (series)

1. PURPOSE. This Instruction establishes administrative guidance for the management and protection of the health of pregnant servicewomen, and promotes uniformity in the medical-administrative management of normal pregnancies.
2. SCOPE. The contents of this Instruction apply to all officers and enlisted personnel of the United States Coast Guard and United States Coast Guard Selected Reserve, and to Public Health Service officers detailed to the Coast Guard.
3. DISCUSSION.
 - a. Pregnancy status as a factor affecting task accomplishment must be known to designated command officials while assuring the servicewoman's privacy.
 - b. All personnel involved in the management of pregnant servicewomen are to be made aware of this Instruction to ensure consistency. Further information can be found in references (a) and (b). Enclosures (1-3) provide answers to questions that may arise when a servicewoman becomes pregnant. The need to safeguard the health of the pregnant servicewoman and that of her unborn child must be balanced with the maintenance of job performance for as long as possible.

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3. c. The safe completion of a pregnancy is affected by a multitude of factors:
 - (1) General health.
 - (2) Job/rating/rank/tasks assigned.
 - (3) Life-style (smoking, alcohol consumption, medicines).
 - (4) Working conditions.
 - (5) Adequate obstetrical care to meet American College of Obstetricians Gynecologists guidelines (ACOG).
- d. Pregnancy status should not adversely affect the career pattern of the servicewoman.

4. POLICY.

- a. Servicewomen on active duty beyond entry level training who become pregnant or give birth to a child shall be retained in the Service in accordance with their enlistment/commissioning obligation. Women retained under this policy will be expected to fulfill their professional and military responsibilities. No exception from other personnel policies or preferential treatment by virtue of pregnancy is to be anticipated.
- b. Administrative guidance is provided for the management of pregnant servicewomen in the Coast Guard Reserve (enclosure 3) to promote uniformity in the medical and administrative management of uncomplicated pregnancies. This guidance is not intended to, nor should it replace good medical judgement concerning complicated or high risk pregnancies. Safety of the expectant mother and unborn child is the first concern when pregnant servicewomen are scheduled to perform Inactive Duty Training (IDT), Active Duty Training (ADT), Special Active Duty Training (SADT), and Temporary Active Duty (TEMAC). The latest medical information indicates that a child born at the 24-28th week is more likely to survive than previously believed. The Coast Guard Reserve concern is that IDT, ADT, and SADT orders after the 24th week could unnecessarily endanger or inconvenience pregnant servicewomen who are ordered away from their personal health care provider. Therefore, certain limitations on assignment of pregnant reservists are necessary.
- c. In an uncomplicated pregnancy, a physically fit, trained servicewoman working in a safe environment should have little need for duty restrictions. Some pregnant members

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4. c. (cont'd) of the Coast Guard may have a heightened susceptibility to certain stresses. The effects of a normal pregnancy may require job and/or watch modification on an individual basis.

5. RESPONSIBILITIES.

- a. Commandant (G-P) will make determinations on cases not adequately addressed by the provisions of this Instruction.
- b. Office of Health and Safety (G-K) will establish Coast Guard policy for protecting pregnant servicewomen from occupational-related hazards.
- c. Area commanders, district commanders, commanders of maintenance and logistics commands, Commander CG Activities Europe, and Superintendent, Coast Guard Academy shall:
- (1) Monitor command compliance with the provisions of this Instruction during inspections and visits to their units;
 - (2) Take appropriate action to ensure requests for separation for pregnancy, due to a bonafide hardship, forward to Commandant (G-PE), (G-PO), or (G-RSM), as appropriate.
 - (3) Take appropriate action to ensure that forwarding endorsements on requests for separation clearly identify the member's eligibility, other than pregnancy, under any other personnel policy.
- d. MLC Health and Safety Division shall:
- (1) During the periodic safety and environmental health audit of Coast Guard units, the maintenance and logistics command industrial hygienist/environmental health officer shall evaluate for the presence of possible reproductive hazards. This evaluation will include, but not be limited to, identification and evaluation of potential exposure to the chemical agents hazardous to reproduction included in enclosure (5). When reproductive hazards are identified, recommendations will be provided to the unit commanding officer/officer in charge on how to protect pregnant servicewomen. This information will be provided in a separate section of the audit report.
 - (2) On request, provide guidance and direction to commanding officers and officers in charge on how to protect the health of the pregnant servicewoman and her unborn child from occupational hazards.

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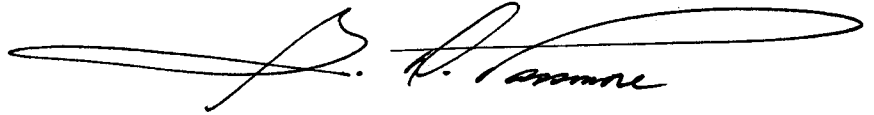
- e. District (m) Industrial Hygienist. The responsibilities discussed under the above paragraph will be delegated to the district (m) industrial hygienist for marine safety units within the district. Wherever possible, similar support to other district programs shall be provided with the concurrence of the MLC Health and Safety Division since that division has ultimate responsibility for providing safety and environmental health support to all Coast Guard units.
- f. Unit commanding officers/officers in charge shall:
 - (1) Comply with the policies and procedures contained in this Instruction.
 - (2) Ensure all hands are aware of the contents of this Instruction.
 - (3) Ensure that the pregnant servicewoman receives routine prenatal health care.
 - (4) Determine if any environmental hazards or toxins exist which may require work reassignment of the servicewoman, within the command, for the duration of the pregnancy. Refer any questions regarding the health and safety implications of a particular case to the health care provider and the cognizant MLC/district industrial hygienist/environmental health officer.
 - (5) Notify Commandant (G-RSM) or the district commander (r) (if Selected Reserve) to withhold or cancel any administrative action in accordance with enclosure (1) of this Instruction.
- 6. RESTRICTIONS. The commanding officer or officer in charge shall restrict a pregnant member's exposure to:
 - a. The chemical agents hazardous to reproduction included in enclosure (5).
 - b. Known chemical, biological, or physical agents in excess of Coast Guard workplace standards. Coast Guard workplace standards are defined in chapter 4 of reference (c).
 - c. Radio frequency (RF) radiation 60 KHz and up, the same limits allowed in the non-pregnant state. Current Coast Guard criteria limit the specific absorption rate to 0.4 Watts/kg in any six-minute period. Equivalent power density, electric field strength squared and magnetic field strength squared, are provided in enclosure (6).
 - d. Ionizing radiation not to exceed 0.5 rem (0.005 Sievert) during the entire gestation period. Efforts should be

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6. d. (cont'd) made to avoid substantial variation above the uniform monthly exposure rate that would satisfy this limiting value. For further information about prenatal health risk to ionizing radiation see enclosure (2) of reference (c).

e. Firefighting activities.

7. ACTION. Area and district commanders, commanders of maintenance and logistics commands, unit commanding officers, Commander, CG Activities Europe, and chiefs of offices and special staff divisions in Headquarters shall comply with the contents of this Instruction.



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and Training.

Encl: (1) Commanding Officer Responsibilities
(2) Servicemember Responsibilities
(3) Reservist Responsibilities
(4) Health Care Provider Responsibilities
(5) Reproductive Chemical Hazards
(6) Radiofrequency/Microwave Threshold Limit Values

COMMANDING OFFICER.

1. Responsibilities.

a. General. After a pregnancy diagnosis is made and confirmed by a medical facility, commanding officers must ensure that the servicewoman retains a high degree of commitment to fulfill professional responsibilities. No preferential treatment shall be given because of pregnancy status other than the specific limitations as provided in this Instruction. Additional limitations will require the judgment of the commanding officer in consultation with the health care provider or the cognizant industrial hygienist/environmental specialist.

b. Counseling.

(1) Commanding officers shall ensure that the provisions of this Instruction and the Instruction on Separation for Care of Newborn Children are brought to the attention of all Coast Guard members. Counseling must be provided, documented and recorded in the service record of the servicewoman, in the following areas:

- (a) The member's responsibilities to the Coast Guard, and the Service's need for readiness and worldwide assignment.
- (b) Military entitlements to maternity care while on active duty.
- (c) The limited medical benefits available if the servicewoman is separated from the Service prior to delivery.

c. Work Area Assignment. The commanding officer, with the health care provider, shall determine if any environmental hazards or toxins exist which may require reassignment of the servicewoman within the command for the duration of the pregnancy. The servicewoman shall not be assigned to duties where she encounters hazards to herself, her child, or others. Unless specifically prohibited by the health care provider, pregnant servicewomen may work shifts and perform duties which expose them to radio frequency radiation up to the same limits allowed for non-pregnant members. Refer any questions regarding the health and safety implications of a particular case to the health care provider and the cognizant MLC/District Industrial Hygienist/Environmental Health Officer. (For clarification of obstetric accommodations, contact the nearest Coast Guard medical officer and provide the name and phone number of the member's physician.)

1. c. (1) General Limitations. After confirmation of pregnancy, the commanding officer shall ensure that the servicewoman is exempt from:
 - (a) Exposure to chemical or toxic agents and/or environmental hazards that are determined unsafe by the cognizant health care provider.
 - (b) Standing at parade rest or attention for longer than 15 minutes.
 - (c) All routine immunizations except tetanus-diphtheria, unless clinically indicated.
 - (d) Participation in weapons training, swimming qualifications, drown-proofing, and any other physical training requirements that may affect the health of the servicewoman and/or the fetus.
 - (e) Diving or rescue swimmer duty.
 - (2) Specific Limitations. During the last 3 months of pregnancy (weeks 28 and beyond), the commanding officer may limit the servicewoman to a 40 hour work week. The hours may be distributed among any 7-day period, but hours are defined by presence at the member's duty station, and not by type of work performed. Pregnancy does not excuse a servicewoman from watchstanding responsibilities, but all hours worked shall count toward the 40 hours limitation. When the unit work week or watchstanding requirements exceed 40 hours, the servicewoman must inform the commanding officer. The servicewoman may request a work waiver to extend her hours beyond the stated 40 hour week, if she is physically capable and her attending physician concurs. Approval will be documented by a Page 7 entry and included into the Personnel Data Record.
2. Medical Considerations of Work Assignment and Training.
 - a. General. The commanding officer, in consultation with the health care provider, must determine whether or not the servicewoman requires a work reassignment which may include complete reassignment to a different work environment or restriction(s) from performing specific types of tasks. Working in a safe environment, there is probably little need for restriction of duty in an uncomplicated pregnancy of a physically fit, trained servicewoman. Any questions concerning the duty status of a pregnant servicewoman should be directed to the nearest Coast Guard medical officer.

2. b. Possible Restrictions. A pregnant servicewoman may be restricted from performing specific duties due to the following conditions:

- (1) Medical. High blood pressure, bleeding, multiple fetuses, or other indications as identified by the servicewoman's health care provider.
- (2) Environmental. Exposure to known toxins or hazardous conditions as determined by the commanding officer.
- (3) Ergonomic. Instances where there may be no obvious medical contradictions but where the individual's physical configuration and/or abilities preclude her from continuing with specific activities (such as lying in a prone position for weapons qualifications, certain duty aboard ships, etc.) or where nausea or fatigability would be hazardous to the servicewoman, the unborn child, other members of the unit, or the general public.
- (4) Other. Instances of possible harmful effects, such as chemical, biological and radioactive (CBR) training; regular unit physical training program; certain unit qualification tests; or hands-on elements of skills qualification tests.

3. Administration.

- a. Assignments. Overseas assignment of pregnant servicewomen shall be limited, wherever possible, consistent with manning and readiness requirements. Based on medical considerations, no servicewoman may be assigned overseas or travel overseas after the beginning of the 28th week of pregnancy. Suitability screening for overseas duty must assure that the assignment and transfer of pregnant servicewomen, both officer and enlisted, conform to the following guidelines.

- (1) Overseas Duty Station/Geographically Isolated Duty Station. Servicewomen assigned to duty ashore in the 48 contiguous states, who are otherwise eligible for duty outside the Continental United States (OUTCONUS), and have not reached their 28th week of pregnancy, may be assigned for duty at an overseas installation except when any of the following conditions exist:

3. a. (1) (a) Adequate civilian/military medical facilities with obstetrical capabilities (meeting or equivalent to ACOG guidelines) to provide care are not available.

(b) Adequate Government or commercial housing is not available.

- (2) Continental United States (CONUS). Servicewomen may be assigned INCONUS ashore without restriction provided they do not have to fly after the 28th week of pregnancy. They will not normally be transferred to afloat units that are deploying during the period from the 20th week of pregnancy through 6 months after the servicewoman's expected date of delivery.

b. Specific Assignments.

- (1) Initial Training. Servicewomen with pregnancies that existed prior to entrance or were first diagnosed during initial training (e.g., recruit training or officer candidate school (OCS)) shall be discharged as unqualified for military service. When certified by medical authorities that the pregnancy existed prior to entry into the Service, a woman shall be discharged without maternity benefits. The initial duty station (RTC Yorktown or TRACEN Cape May) has the authority to discharge pregnant servicewomen when it is medically determined that they became pregnant during initial training. Servicewomen discharged under these conditions shall not be prohibited from applying for reenlistment when no longer pregnant provided they are eligible for reenlistment in accordance with current directives and there is no indication of fraud in the initial enlistment.

(2) Shipboard.

- (a) The commanding officer, in consultation with the health care provider, shall decide whether the individual may safely continue in her shipboard assigned duties. This decision will be based on the servicewoman's condition as well as environmental toxins or hazards within the individual's workplace.

3. b. (2) (b) A pregnant servicewoman shall not remain aboard ship if the time for medical evacuation of the member to a treatment facility capable of evaluating and stabilizing obstetric emergencies is greater than 3 hours.
- (c) No servicewoman shall remain aboard a ship beyond her 20th week of pregnancy.
- (d) Shipboard assignments will not normally be made for a period of 4 months following delivery unless the servicewoman is medically fit and requests a waiver for an earlier rotation. This time is meant to allow the servicewoman time to regain her physical strength and stamina before performing the full duties of her rate/rank.

(3) Aviation Assignments.

- (a) After confirmation of pregnancy, female members should not be assigned to duties involving flight until cleared by her flight surgeon (FS)/aviation medical officer (AMO). Close monitoring is required by the FS/AMO to ensure early identification of problems associated with pregnancy, which could be hazardous to the pregnant member or others. In addition, the FS/AMO will assess the ergonomic and toxic hazards to which the pregnant member and her fetus may be exposed in her particular aviation environment. Potential occupational health problems will be brought to the attention of the patient and the command. No member will perform duties as a rescue swimmer upon confirmation of pregnancy. No pregnant member will perform duties involving flight after the second trimester.
- (b) Aviation Waiver. Per reference (b), commanding officers of aviation crew members should submit waiver request to Commandant (G-PO), (G-PE), or (G-RSM) for Selected Reserve members or those performing Special Active Duty for Training (SADT), Initial Active Duty for Training (IADT) or Active Duty for Training (ADT).

(4) From and Within an Overseas Area.

- (a) Servicewomen who are pregnant at the time of transfer will not be assigned to mandatory unaccompanied overseas duty stations or areas that have inadequate OB/GYN facilities. Pregnant servicewomen will not normally be assigned to

3. b. (4) (a) (cont'd) overseas duty if they are in an advanced stage of pregnancy (greater than 28 weeks).

(b) Servicewomen with orders overseas will have their transfer date adjusted to remain at their current duty station until at least 60 days following delivery. If conditions exist at their current duty station which preclude this extension, the servicewoman will be assigned TAD at the closest appropriate command until 60 days following delivery. At their adjusted transfer date, they will be assigned in accordance with the normal rotation pattern of their rating or rank.

(c) Pregnant servicewomen stationed at an overseas duty station with adequate OB/GYN care and available housing (Government or community) will remain at their current duty station unless tour complete. Pregnant servicewomen stationed at an overseas duty station more than 3 hours from a treatment facility capable of evaluating and stabilizing obstetric emergencies will be reassigned prior to their 20th week of pregnancy.

(5) Reporting or Assigned as a Student.

(a) A pregnant servicewoman will not be assigned to a school if her projected graduation date will occur during her last trimester. Assignment of a pregnant servicewoman to a Service school will be handled on a case-by-case basis by her commanding officer. Consideration must be made for the course content and the limitations discussed in this Instruction.

(b) A pregnant servicewoman in receipt of orders to Class "A" school shall not be assigned to Class "A" school if she will enter the third trimester (7th month) of her pregnancy prior to the scheduled graduation date. She will be placed in a medical hold status at her unit until after delivery and postnatal leave period. When fit for full duty, orders will be issued for the next scheduled class.

(c) If a servicewoman becomes pregnant during training, the commanding officer of the training command will determine if she can complete her training, based on criteria discussed throughout

3. b. (5) (c) (cont'd) this Instruction. When disenrollment is required, it will be necessary to determine when training can be terminated. If possible, training will be terminated at a point where it will be academically feasible to reenter the training at a later date without repeating previously completed portions of training. Based on this information and the projected delivery date, the commanding officer of the training command will determine the disenrollment date.
 - (d) If disenrolled, the pregnant servicewoman who is TAD to the school will be returned to her assigned command until found fit for full duty. If under Permanent Change of Station orders, final disposition will be determined by Commandant (G-PO), (G-PE), or (G-RSM) for Selected Reserve members or those performing SADT, IADT, or ADT.
 - (e) After returning to full duty, a servicewoman disenrolled for pregnancy will be afforded the opportunity to complete her training, consistent with manning and readiness conditions.
- c. Conduct and Discipline. Pregnant servicewomen have the same rights and responsibilities and are subject to the same administrative and disciplinary actions as all other Coast Guard personnel. An active duty servicewoman under court-martial charges or sentence of court-martial, who is certified by a physician as pregnant, may be discharged by Commandant (G-P) only with the written concurrence of the officer exercising general court-martial jurisdiction over her. An officer's request for resignation shall be submitted in accordance with article 12-A-5 of reference (a).
- d. Performance Evaluations. Commanding officers shall ensure that pregnant servicewomen do not receive adverse evaluation reports strictly as a consequence of pregnancy. Weight standards exceeded during pregnancy are not cause for adverse OER's or evaluations. Servicewomen are exempt from the weight standards for a period of 6 months after delivery.
- e. Uniform. The proper wearing of the uniform during pregnancy is the concern and responsibility of the servicewoman and shall be addressed by the unit commanding officer. The maternity uniform is mandatory for all pregnant servicewomen in the Coast Guard when a uniform is prescribed and their regular uniforms no longer fit. All authorized variations of the Air Force maternity uniform may be worn by pregnant personnel when the regular uniform no longer fits. The outer garments (raincoat, overcoat, and reefer) may be worn unbuttoned when the buttoned garment no longer fits properly. In rare cases, the Air Force uniform may not fit comfortably

3. e. (cont'd) for the duration of the pregnancy. For these few cases, commanding officers may authorize the wearing of civilian clothing. The type of civilian clothing worn must be professional business attire, comparable to the uniform the person would normally wear. Upon returning from maternity leave, the member is authorized to wear the maternity uniform for 60 days before she is required to return to her normal working uniform. Details concerning the procurement and proper wearing of the maternity uniform can be found in the Coast Guard Uniform Regulations (M1020.6 (series)).
- f. Separation. Servicewomen who become pregnant while on active duty may be discharged for Convenience of the Government as per article 12-B-12 or dependency/hardship as per article 12-D-3 of reference (a). As with many personnel policies, requests to resign or be released early are handled on a case-by-case basis, with the Service need often the determinant for retention or release. Each decision will be rendered based on a balance of Service need, the member's remaining obligated service, and consideration of the specific circumstances of each member's situation. Parenthood or pregnancy is normally not considered sufficient for discharge. A servicewoman whose performance does not justify continuation on active duty, whether for dependency or other reasons, shall be administratively processed for separation as per section 12-A (for officers), or section 12-B (for enlisted), of reference (a).
- g. Maternity Care After Separation. Pregnant servicewomen may request separation from active duty under the provisions of section 12-A or 12-B of reference (a). Any eligible servicemember may request separation from active duty under the Separation for Care of Newborn Children Instruction. Each request will be considered on a case-by-case basis. The information given to them concerning continued maternity care at Government expense usually plays a decisive role in making their decision. Thus, it is imperative that they fully understand the following information. Under the law, the military departments, CHAMPUS, and the Veterans' Administration do not have authority to pay civilian maternity care expenses for former servicewomen who separate from active duty while they are pregnant, regardless of the circumstances requiring the use of civilian facilities. A former servicewoman loses her entitlement to all civilian maternity care at military expense upon discharge. The Uniformed Services Voluntary Insurance Policy (medical insurance policy) available to separating servicewomen will not cover preexisting conditions such as pregnancy. Because this is true of virtually all medical insurance programs in the private sector, the Service secretaries (under special administrative authority) allow former servicewomen, who separate under honorable conditions, to

3. g. (cont'd) receive maternity care for pregnancy, up to 6 weeks following delivery, only in Uniformed Services Medical Treatment Facilities (USMTF), on a space available basis. This care is available if:
- (1) The servicewoman presents documented evidence which reflects that a medical evaluation, given while she was on active duty, demonstrates that she was pregnant prior to her separation from the Service.
 - (2) The USMTF to which she applies for care has the capability of providing maternity care. Many USMTF's cannot provide maternity care. A pregnant servicewoman who elects to leave the Service must first consider the distance between her home and the nearest USMTF which does have maternity care capability. She must consider the possibilities of premature delivery or other emergency maternity care needs for which she must bear the cost. The servicewoman should be made aware that if the newborn infant requires continued care after the member is discharged from the hospital, or care beyond that which is available at the USMTF, it may be necessary to transfer the infant to a civilian source of care (e.g., neonatal care) and these expenses will be the former servicewoman's personal financial responsibility.
 - (3) Before deciding to request a discharge or resign from the Service, a pregnant servicewoman should consider whether she has the financial resources to cover routine or emergency care, including an emergency delivery, at a civilian hospital. She should also contact the Commanding Officer of the USMTF she plans to use to determine if:
 - (a) The facility provides maternity care;
 - (b) The facility is close enough to her planned place of residence to provide her assurance that, barring emergency requirements, she can reach it expeditiously at time of birth; and
 - (c) The facility's workload will permit acceptance of her case.

4. Maternity Leave.

- a. Sick leave may be granted by district commanders and

4. a. (cont'd) commanding officers without approval of the Commandant to female members for prenatal periods not to exceed a cumulative total of 30 days. All periods of sick leave shall be certified as necessary by the health care provider.
- b. Post delivery maternity leave of up to 6 weeks (42 days) will normally be granted by the servicewoman's commanding officer under the following circumstances:
 - (1) Such maternity leave is limited to a maximum of 42 days without COMDT (G-PE) or (G-PO) approval following any uncomplicated vaginal delivery or cesarean section.
 - (2) The servicewoman is not awaiting disciplinary action or separation from the Service for medical or administrative reasons.

COAST GUARD MEMBER.

1. Responsibilities. The individual servicewoman is responsible for:
 - a. Planning her pregnancy to allow her to meet both her family and military obligations.
 - b. Seeking confirmation of pregnancy at a medical facility.
 - c. Notifying her commanding officer or officer in charge of her pregnancy on the member's first working day following medical confirmation of the pregnancy.
 - d. Performing her military duties within the limits established by her medical condition.
 - e. Complying with worksite and task-related safety and health recommendations made by appropriate health professionals, including the use of personal protective equipment.
 - f. Seeking appropriate prenatal medical care.
2. Waiver Request. Requests for a waiver of assignment restrictions due to pregnancy shall be promptly submitted to Commandant (G-PO) for officers, Commandant (G-PE) for enlisted personnel, or Commandant (G-RSM) for reservists on Special Active Duty for Training (SADT) or Active Duty for Training (ADT), via the MLC PAC/MLC LANT Health and Safety Division. The appropriate office will make the final determination regarding assignment eligibility. Medical waiver requests must contain the following information:
 - a. Narrative of condition including number of weeks of gestation, present condition, special treatment requirements (other than for normal delivery).
 - b. Results of specialty consultation that include the medical specialist's estimate of the servicewoman's ability to perform assigned duties.
 - c. If the member is due to be stationed overseas, specify which medical facility will provide care and indicate how the member has determined that all necessary care is available (prenatal, delivery and postnatal for both mother and child).

3. Obstetrical Care. Maternity care will normally be provided at a Uniformed Services Military Treatment Facility (USMTF), provided it has obstetrical-gynecological (OB-GYN) capability. If the local USMTF does not have OB-GYN capability and there is no other USMTF with OB-GYN capability serving her residence area, she may request authorization from the cognizant MLC Health Services Division for non-Federal health care.
4. Infants Placed For Adoption. Servicewomen intending to place their infants up for adoption will meet with appropriate legal counsel and placement agencies to ensure specific state requirements are followed. Pregnant servicewomen are not eligible for OUTCONUS assignments until delivery and adoption procedures are completed.
5. Maternity Leave.
 - a. A period of authorized absence granted for an active duty servicewoman under medical care who is not fit for duty may be granted by the servicewoman's commanding officer following delivery. The length of maternity leave may not exceed 42 days following an uncomplicated vaginal delivery or cesarean section without approval by Commandant (G-PE/PO/R). The servicewoman or command may end such leave early with the attending physician's approval.
 - b. It is a responsibility of the servicewoman to report any complications or medical problems that she experiences during maternity leave to her appropriate health care provider.
6. Weight Standards.
 - a. The servicewoman is exempt from the weight standards during pregnancy. That does not, however, exempt the servicewoman from maintaining a neat military appearance.
 - b. Once the servicewoman returns from maternity leave, it is her responsibility to conform to the weight standards. The servicewoman is exempt from the weight standards for a period of 6 months after delivery.

RESERVIST RESPONSIBILITIES.

1. The following policy is intended to be the single-source in managing pregnant reserve servicewomen. Pregnancy is not a disease or illness covered under the Reserve disability system. Therefore, a Notice of Eligibility (NOE) for disability benefits will not be issued to the inability to perform duty as a result of pregnancy or childbirth.
 - a. Servicewomen in the Selected Reserve on inactive duty who become pregnant or give birth to a child, shall be retained in the Ready Reserve for the remainder of the period specified in their enlistment contract or commissioning agreement.
 - b. Pregnant servicewomen with uncomplicated pregnancies should be considered physically qualified for Inactive Duty Training (IDT), and Active Duty for Training (ADT), with no limitation except those listed in this instruction.
 - c. IDT and ADT may be authorized with written permission from the servicewomen's health care provider.
 - d. IDT and ADT, including travel to and from training site, must be completed before the beginning of the 24th week of gestation.
 - e. Pregnant servicewomen will be placed in a temporary not fit for duty (NFD) status when requested by the member or not later than the 24th week. This request must be made to district (r). Pregnant servicewomen will be transferred to the Individual Ready Reserve (IRR) until found fit for full duty (FFD). While in NFD status, pregnant servicewomen will not be authorized IDT, ADT, SADT, or TEMAC. Written confirmation of pregnancy is required from the servicewoman's health care provider, including any special duty restrictions applicable, before placing the pregnant servicewoman in a NFD status.
 - f. A written statement stating the servicewoman is FFD, must be provided by the servicewoman's health care provider to district (r), to remove her from a NFD status at the end of the pregnancy.
 - g. District Commander (r) may authorize appropriate duty periods to permit servicewomen to make up drills before or after those missed while assigned to the IRR due to pregnancy.
 - h. Special Active Duty for Training (SADT). Pregnant servicewomen may accept SADT with the understanding that the duty must be completed by the 24th week of gestation. For those servicewomen who are on SADT and become pregnant, a request for an NOE will be considered on a case by case basis to cover prenatal care and the birth of the child(ren). The servicewomen must submit her

ENCLOSURE (3) TO COMDTINST 1900.9

1. h. (cont'd) request for a NOE through the chain of command to Commandant (G-RSM-1) if military medical coverage is requested.
- i. Temporary Active Duty (TEMAC). The utilization of Reserve servicewomen who are pregnant for TEMAC assignments is not encouraged. Should a Reserve servicewoman on a TEMAC assignment become pregnant, the SADT guidelines in subsection (h) of this instruction apply.

HEALTH CARE PROVIDER.1. Responsibilities.

- a. Upon confirmation of pregnancy by a health care provider, notification of the servicewoman's condition will be provided to the commanding officer.
- b. When pregnancy is confirmed, there are many related matters, not strictly medical, about which the health care provider is called upon to aid in decision making. Each health care provider having responsibility for pregnancy confirmation or prenatal care should be familiar with the administrative and command requirements relating to pregnant servicewomen. The servicewoman's health care provider must provide timely guidance on work restrictions and the most effective job utilization of the pregnant servicewoman without undue stress to her or her unborn child. Additionally, the health care provider must monitor the health of the servicewoman to determine if additional maternity leave is warranted.

2. Light Duty. Light duty may be recommended to a pregnant servicewoman's commanding officer any time a health care provider determines that it is needed. Unless prescribed by the attending medical officer earlier in the pregnancy due to other than normal circumstances, pregnant servicewomen are usually placed in a light duty status between the 36th and 38th week of pregnancy.3. Termination of Pregnancy.

- a. General. Government funds are not available for the elective termination of pregnancy except where the life of the mother would be endangered if the fetus were carried to term. This limitation does not apply to medical procedures necessary for the termination of an ectopic pregnancy.
- b. At Civilian Facilities. Civilian facilities will be used at the servicewoman's own expense unless the termination is determined to be necessary because of endangerment of the life of the mother. If the termination of pregnancy is required, USMTF's will be used, when available. Unless a servicewoman must be admitted for an emergency or the life of the mother would be endangered if the fetus were carried to term, ordinary leave will be used in order to have the termination accomplished. The decision in these cases will be made by a competent medical authority. Any subsequent treatment or hospitalization, required as a result of a termination of pregnancy at a civilian facility, will be managed as any other illness or disability.

4. Pregnant Brig Prisoners. The care and management of pregnant servicewomen prisoners confined to a brig shall conform to the requirements of this Instruction except that maternity leave cannot be authorized. Pregnancy per se does not prevent confinement in a brig as long as appropriate prenatal care is provided and there is a medical treatment facility near the brig which can provide for labor, delivery, and the management of obstetric emergencies.

REPRODUCTIVE CHEMICAL HAZARDS

<u>AGENT</u>	<u>PROVISIONAL EXPOSURE LIMIT</u>	<u>ADDITIONAL GUIDANCE</u>
LEAD	0.050 mg/m3	maternal blood Pb less than 30 ugm/100ml
CADMIUM	0.010 mg/m3	
MERCURY		
inorganic	0.050 mg/m3	
organic-alkyl	0.010 mg/m3	
organic-aryl	0.050 mg/m3	
BENZENE	1 ppm	
CHLORDANE	0.5 mg/m3	
CARBON DISULFIDE	4 ppm	
ETHYLENE OXIDE	1 ppm	
GLYCOL ETHERS		
2-ME	5 ppm	
2-EE	5 ppm	
ETHYLENEDIBROMIDE	1 mg/m3	
PERCHLORETHYLENE	25 ppm	
CHLORINATED BIPHENYLS (PCB's)		
42 percent CL	1.0 mg/m3	
54 percent CL	0.5 mg/m3	
CARBARYL	5 mg/m3	
HALOGENATED ANESTHETIC GASES	2 ppm	
NITROUS OXIDE	50 ppm	

NON-DETECTABLE EXPOSURE TO ANY OF THESE CHEMICAL HAZARDS IS BEST

RADIOFREQUENCY/MICROWAVE THRESHOLD LIMIT VALUES

Frequency	Power Density (mWatts/cm ²)	Electric Field Strength Squared (Volts ² /M ²)	Magnetic Field Strength Squared (Amperes ² /M ²)
10KHz TO 3MHz	100	377,000	2.65
3MHz TO 30MHz	$900/f^2*$	$3770 \times 900/f^2$	$900/(37.7 \times f^2)$
30MHz TO 100MHz	1	3770	0.027
100MHz TO 1000MHz	$f/100$	$3770 \times f/100$	$f/37.7 \times 100$
1GHz TO 300GHz	10	37,700	0.265

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